FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M45000

MAXAL OF FLORIDA, INC.

Principal Place of Business
2875 NE 191ST ST
PH
AVENTURA FL 33180
US

Mailing Address

P.O. BOX 630617

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90066 002 ***158.75



AVENTURA	FL 33180	MIAMI FL 33163			l.			
US					DO NOT V	VRITE IN T	THIS SPACE	
					3. Date Incorporated or Qualif	ed	TIIS SPACE	
2. Principa	al Place of Business	2a. Mailing Address			01/19/1987			
21		26 Walling Address			4. FEI Number			T
Suite, A	Apt. #, etc.				<u>59-199</u> 7825		<u></u>	Applied For
22		Suite, Apt. #, etc.						Not Applicat
City & S	State	City & State			5. Certifcate of Status Desired	M	φ σ. /	5 Additional Required
23					6. Election Campaign Financin			
Zip	Country Zip Country			Trust Fund Canada at 1				
24	25		Country		8. This corporation owes the cu		Adde	ed to Fees
	9. Name and Address of Curr	ent Posistanad A	30		Personal Property Tax.	ment year	Intangible Yes	
]					10. Name and Address of New	Register	nd Acous	No
) PR	REMIER ASSET MANAGEMENT, II	NC.	81	Name		register	30 Agent	
211	2100 PARK CENTRAL BLVD N			82 Street Address (P.O. B)				
SU	SUITE 900			Street Add	ress (P.O. Box Number is Not Acceptable)			
PO	MPANO BEACH FL 33064		83					
I	== 101112 00007		<u> </u>		·———			
14 Pursue			84	City			85 7	Code
office or	nt to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statu	tes, the above	named core	oratio .	F	L °° ~"	2 0008
agent. I	registered agent, or both, in the State am familiar with, and accept the oblig-) of Florida. Such change was a ations of, Section 607,0505, Eu-	outhorized by the	ne corporation	on's board of directors. I hereby ages	purpose o	of changing i	ts registered:
SIGNATURE		,	moa Statutes.		a succession in the reby acce	bt rue app	ointment as i	registered
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agent					
TITLE	PD OFFICERS AN	ND DIRECTORS	13.	ignature required		DATE		——
NAME	1	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	ORS IN 12
	AZOUT, JACOBO		1,2 NAME				☐ Change	☐ Additio
STREET ADDRESS	100 TO							
CITY-ST-ZIP	NO. MIAMI BEACH FL		1.3 STREET AL	1				
TITLE	SD	☐ DELETE	1.4 CITY-ST-Z	IP				
NAME	AZOUT, GILDA		2.1 TITLE				☐ Change	Addition
STREET ADDRESS	3802 NE 207 ST #1502		2.2 NAME	ĺ				C Madillon
CITY-ST-ZIP	NO. MIAMI BEACH FL		2.3 STREET AD	DRESS				
TITLE			2. 4 CITY-ST-Z	JP				
NAME		DELETE	3.1 TITLE	1			☐ Change	Fileses
STREET ADDRESS			3.2 NAME	ĺ			change	Addition
CITY-ST-ZIP			3.3 STREET ADI	DRESS				
TILE			3.4. CITY-ST-ZI	P				
IAME		☐ DELETE	4.1 TITLE					
TREET ADDRESS			4. 2 NAME				☐ Change	☐ Addition
ITY-ST-ZIP			4.3 STREET ADD	RESS				
TLE			4.4 CITY-ST-ZIP	1				ĺ
AME		☐ DELETE	5.1 TITLE	-+				j
1			5.2 NAME	ĺ	•		☐ Change	Addition
REET ADDRESS			5.3 STREET ADDI	RESS				1
TY-ST-ZIP			5.4 CITY-ST-ZIP					ľ
TLE .		☐ DELETE	6.1 TITLE					j
ME			6.2 NAME	1			☐ Change	☐ Addition
REET ADDRESS		ļ	_					
V 07 7/0			6.3 STREET ADDR	ess í				1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: